Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E, 12th, Ste. 1A Des Moines, lowe 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronicelly.

Effective May 1, 2010, eli statements and reports for State PACs and State
Parties must be filed electronically.

IA ETHICS AND MPAIGN DISCLOSURE B.

2010 JUL 15 AM 9: 18

COMMITTEE NAME (Must be same as on Statement of Org	ganization)			
Upmeyer For House	1 1 -	ORM OR-2	DISCHASHIPE	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legisletive/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot issue CANDIDATE COMMITTEES ONLY: Candidate Name Linda Upmeyer Political Party (if applicable) Republican			Rev. 12/2009) For Office Use Orby Comm. # Logged In Soenned Computer	
Office Sought Iowa House	District (if Senate or House) 12	Auc	inted	
ate reports of surject to possible tivil and criminal penalties. Pandidates corporates, and the champerson, for any other type of surject to the champerson of the champerson	Pursuant to lowa Code sections 68B.32A(f committee, is the individual responsible) 441-355-225 TELEPHONE	7) and 68A for filing tim	7/14/1	ndidate, for a ate reports.
I AM FILING A July 19, 2010	REPORT FOR (1) ELECTION		LECTION YE	AR.
(report date)	Indicate by #	1		
CHECK IF AMENDMENT TO REPORT DATED		Local Comm	nittees, enter D	ate of Election
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file		County & Lo which Elect		s, enter County in
STATEMENT OF CASH ON HAI	ND			
CASH ON HAND at the beginning of the reporting period. (' committee. This amount MUST be the same as the of the tast reporting period or must be zero if this is	e cash on hand at the end	s	64,654.05	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sche	edule A) (*also see in-kind below)	11414	5,908.42	
Schedule F: Loans Received total (Attach Schedu	tle F)		0.00	
Schedule H: Total Sales of Campaign Property (A	ittach Schedule H)		0.00	
(Schedule H applies to Candidates' Co	mmittaes Only) SUB-TOTAL	s	70,562.4	7
SUBTRACT TOTAL MONEY SPENT THIS PERIO				
Schedule B; Expenditures total (Attach Schedule	B) (**also see debts and loans below).	*******	1,454.81	
Schedule F: Loan Repayments total (Attach Sche	•••	•••••	0.00	
CASH ON HAND at the end of this reporting period (if final i	·	\$	69,107.6	5
**UNPAID BILLS (From Schedule D - Attach Schedule D)		5	9,025,64	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sci	hedule E)	\$	0.00	
**OUTSTANDING LOANS (From Schedule F - Attach Sche	· ·		0.00	
CONSULTANT BREAKDOWN (Schedule G Attached?)	,	-		NO
CANDIDATE COMMITTEES ONLY:				-
VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	Attach Schedule H)	\$	200.00	

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

	1
COMMITTEE NAME (Must be same as on Statement of Organization)	
Upmeyer for House	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6/9/10	ID# CK# ₈₂₉₅	Thomas & Patricia Evans 7005 NW Beaver Dr. Johnston, IA 50131		\$250	
6/9/10	CK# 890	Alan & Lori Kittleson 330 Meadow Lane Mason City, IA 50401		125	
6/9/10	1D# CK# 9913	Ramona & Robert Jeffrey 18658 195th St Mason City, IA 50401		100	
6/9/10	CK# 9416	Susan Kennedy 2400 Main Ave Clear Lake, IA 50428		250	
6/9/10	8056 CK# ₁₂₃₇₄	Eli Lilly & Co. PAC 555 12th St Washington, DC 20004		250	
6/17/10	CK# ₁₁₂₉₈	Marvin & Crystal Gordon 2428 Chase Ave Duncombe, IA 50532		50	
6/17/10	ID# CK# 17160	Joseph E D'Souza 3475 Jersy Ridge Rd Davenport, IA 52807		25	
6/17/10	ID# 8217 CK# ₃₀₄₈	Liberty Mutural Insurance Co PAC 175 Berkeley St Boston, MA 02117		750	
6/17/10	6063 CK# 2375	Iowa Dental Assoc. PAC 5530 West Parkway Suite 100 Johnston, IA 50131		25	
6/23/10	ID# CK# 2434	Clarence & Lynn Hoffman 616 Parkview Dr Denison, IA 51442		100	
			SUB-TOTAL	\$ 1925	
		TOTAL (if last pag	e of this schedule)		1

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consenguinity (blood relatives) and affinity (relatives by mantage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

Reset Form

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Upmeyer for House

\$CHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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DATE RECEIVED (MM/OD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTO	OR RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6/23/10	CK# ₄₁₀₆	Patricia Romans 4126 12th St NE Mason City, IA 50401		\$25	
6/23/10	CK# 8590	Michael & Tamara Schwichtenberg 8259 Finch Ave Clear Lake, IA 50428		125	
6/23/10	ID# CK# 13897	Susan Sich 1014 15th St. SE Mason City, 1A 50401		75	
6/23/10	ID# CK# 1239	Liz Swanson 930 Foster Rd Jowa City, JA 52245		75	
6/23/10	1D# CK# 7988	Lois Bartelme 946 23rd Ave Pl #2 Coralville, IA 52241		25	
6/23/10	ID# CK# 14276	Janice Nelson 1625 N Shore Dr Clear Lake, 1A 50428		150	
6/30/10	ID# CK#	Money Market Interst		3.42	
7/6/10	ID# CK# ₁₀₆₁	Janet & Gus Erickson 4103 N Shore Dr Clear Lake, IA 50428		100	
7/6/10	ID# CK# 8287	EJ & VA Hertko 5912 Dakota Dr West Des Moines, IA 50266		30	
7/6/10	ID# CK# 2834	William Yohn PO BOx 246 Clear Lake, IA 50428		750	
			SUB-TOTAL	\$ 1358.42	
		TOTAL (IF I	ast page of this schedule)		

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Page 2 of 4 (for Schedule A)

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MONETARY

RECEIPTS

BOX IF

SCHEDULE

(Rev. 07/03)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

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(Including candidate,a personal funds)	CHECK THIS BOX
COMMITTEE NAME (Must be same as on Statement of Organization)	AMENDING FORM
Upmeyer for House	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE FAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOME
7/6/10	1D# CK# ₄₁₈₇	Nathan & Marlys Pals 628 2nd St Meservey, IA 50457		\$25	
7/6/10	CK# ₁₃₆₃₄	Jeff & Loslie Anderson 614 Buddy Holly Pl Clear Lake, IA 50428		75	
7/6/10	ID# CK# 3320	Richard Albee PO Box 436 Hampton, IA 50441		500	/
7/6/10	ID# CK# 4605	Steven Ackerson 1634 NW 131st St Clive, IA 50325		250	1
7/6/10	CK# ₇₂₄₁	Daniel & Ann Myers 3810 Martins Yard Sioux City, IA 51104		100	1
7/6/10	ID# CK# 9035	HR & PL Giorgio 4702 Chestnut Ridge Rd Cedar Rapids, IA 52411		100	~
7/6/10	ID# CK# 4563	Douglas & Kelly Johnson 2501 NE Chevalia Ct Grimes, IA 50111		100	1
7/6/10	CK# ₇₈₉₉	Tim & Debra Roberts 1643 Dorell Dr Hampton, IA 50441		100	1
7/6/10	CK# 2983	Tim Mortenson 24490 670th Ave Nevada, IA 50201		100	✓
7/6/10	ID# CK# 3298	Richard Albee PO Box 436 Hampton, IA 50441		500	✓
			SUB-TOTAL	s 1850	

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

TOTAL (If last page of this schedule)

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Upmeyer for House	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS		
CHECK THIS BOX IF AMENDING FORM			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
7/6/10	CK# ₅₀₃₇	Iowa Health PAC 1775 90th St West Des Moines, IA 50266		\$500	
7/12/10	ID# CK# 4473	J. WM & Rosalie Waddingham 2115 Welch Ave Gamer, IA 50438		25	
7/12/10	1D# 8035 CK# 5820	Union Pacific Corp Fund for Effect. Gov. 600 13th St NW Suite 340 Washington, DC 20005		250	
	ID# CK#				
	ID#				
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	CK#				
	.1		SUB-TOTAL	\$ 775	†
		TOTAL (if last pa	age of this schedule)		

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Page 4 of 4 (for Schedule A)

\$ 5908.42

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF INDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Upmeyer for House

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADORESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6/6/10	ID# CK#1535	Capital Resources 700 Pleasant St. Brooklyn, IA 52211	Work	\$ ^{574.42}
5/7/10	ID# CK# 1536	Franklin County Development 5 1st St SW Hampton, IA 50441	Membership	50.00
6/9/10	ID# CK# 1537	Charity McCauley 4028 75th St. Urbandale, IA 50322	Work	200.00
7/5/10	ID# CK# ₁₅₃₈	Bill's Family Foods 255 W US Hwy 18 Gamer, IA 50438	Parade Candy	29.37
7/7/10	ID# CK# ₁₅₃₉	Postmaster - Garner Garner, IA 50438	Stamps	220.00
7/8/10	ID# CK# ₁₅₄₀	Capital Resources 700 Pleasant St. Brooklyn, IA 52211	Work	337.50
7/10/10	ID# CK# ₁₅₇₁	Bill's Family Foods 255 W US Hwy 18 Garner, IA 50438	Parade Candy	43.52
	ID#			
	CK#			
			SUB-TOTAL	\$ 1454.81

TOTA:	(if last	nage	of this	scharl	ula

\$ 1454.81 \$ 1454.81

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and lows Code 68A.402(3)(i).)

Page 1	of 1
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FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)	ĺ
Upmeyer For House	
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NOTE: Debts previously reported that remain unpeid must be included on this Schedule, as well as any new obligations incurred in this period.

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SCHEDULE D (Rev. 08/98)	INCURRED
	CK THIS BOX MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

			I ICOSIVEG.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
1/09 - 3/09	Linda Upmeyer 2175 Pine Ave Garner, IA 50438	Mileage 792 @.45	\$ 356.40
4/09 - 6/09	Linda Upmeyer 2175 Pine Ave Garner, IA 50438	Mileage 3787 @ .45	1,704.15
7/09 - 9/09	Linda Upmeyer 2175 Pine Ave Gamer, IA 50438	Mileage 5001 @ .45	2,250.45
10/09 - 12/09	Linda Upmeyer 2175 Pine Ave Garner, 1A 50438	Mileage 5591 @ .45	2,515.95
7/2010	Linda Upmeyer 2175 Pine Ave Gamer, IA 50438	Mileage 4002 @ .50; Parking 14.75; Campaign/Candidate Meals 80.82; Campaign event 102.12	2,198.69
		SUB-TOTAL	S
	TOTAL DEBTS OWED BY COMMITTEE	AT THE END OF THIS REPORTING PERIOD	S
			9,025.64

"If actual figure is unknown, show "estimated" beside the figure.

Page I of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indabledness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

FOR INSTRUCTIONS, SEE BROK OF FORM		SCHEDULE	CAMPAIGN
THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY	<i>r</i>	(Rev. 02/08)	PROPERTY CHEDULE H TO
COMMITTEE NAME (Must be same as on Statement of Organization)			PORT, MAKING AS REQUIRED.

COMMITTEE NAME (Must be same as on Statement of Organization)	
Upmeyer For House	

CHECK THIS BOX IF AMENDING FORM

PARTI-	ONGOING	INVENTORY	OF CAMP	'AIGN PR	LOPERT
FARII-	CROCING	MARKINCKI	OF ORME	WIGHT LL	101. 111

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est, Value When Acquired*	Current Value at Fair Market This Report
1/23/08	HP Pavillion TX 1000 Laptop	\$1,457.38	\$200.00

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ ______150.00

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS	\$ \$

Page	1	of 1	Pager
, 454		r Schedule H	

[&]quot; if estimated, show est beside figure.

PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$_____ (Attach Additional Schedules if Needed)